

U.S. DISTRICT COURT

N.D. OF N.Y.

Revised 03/06 NY
FILED

UNITED STATES DISTRICT COURT
[REDACTED] DISTRICT OF NEW YORK

NORTHERN

OCT 21 2014

LAWRENCE K. BAERMAN, CLERK
ALBANY

FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)

JURY TRIAL
DEMAND

9:14-cv-1293 (DNH/CFH)

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: **NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.**

1. DIMAS CUADRADO DIN# 13A3993

2. _____

-VS-

B. Full Name(s) of Defendant(s) **NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.**

1. CORRECTION OFFICER Brueault

4. STATE OF New York

2. CORRECTION OFFICER CARRELL

5. _____

3. CORRECTION OFFICER MILLER

6. _____

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1333(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION **NOTE: To list additional plaintiffs, use this format on another sheet of paper.**

Name and Prisoner Number of Plaintiff: DIMAS CUADRADO DIN# 13A3993

Present Place of Confinement & Address: COXSACKIE CORRECTIONAL FACILITY

P.O. BOX 999, COXSACKIE N.Y. 12051-0999 (SIL.U. 24 cell)

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT # ① STATE OF NEW YORK

DEFENDANT'S INFORMATION **NOTE:** *To provide information about more defendants than there is room for here, use this format on another sheet of paper.*

#2 Name of Defendant: C. O. BOURGEOIS

(If applicable) Official Position of Defendant: Correction Officer

(If applicable) Defendant is Sued in Individual and/or Official Capacity

11. SP 6-14 CAYSOON C-3850748 100

Address of Defendant: COXSACKIE CORRECTIONAL FACILITY

P.J. 30X 999, COXSACKIE N.Y. 12051-0999 (K2 DIVISION)

2 (3) Name of Defendant: Co. 242251

(If applicable) Official Position of Defendant: N.Y.S. COLLECTION OFFICER

(If applicable) Defendant is Sued in Individual and/or Official Capacity

(If applicable) Defendant is held in COLONIAL CORRECTIONAL FACILITY

Address of Defendant: 123 Main Street, Anytown, NY 12345

④ Name of Defendant: C. C. MILLET

(If applicable) Official Position of Defendant: N.Y.S. CORRECTION OFFICER

(If applicable) Defendant is Sued in Individual and/or Official Capacity

(If applicable) Defendant is located at Coxsackie Correctional Facility

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes No

If Yes, complete the next section. NOTE: *If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes No

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):

By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

By court for failure to exhaust administrative remedies;

By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

plaintiff

defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes No

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): (SELF) DINA'S CUNZENDO

Defendant(s): CITY OF NEW YORK / C.O. ZITO / C.O
SELF

2. District Court: SOUTHERN

3. Docket Number: ? FORGOT

4. Name of District or Magistrate Judge to whom case was assigned: ? FORGOT

5. The approximate date the action was filed: ? FORGOT

6. What was the disposition of the case? SETTLED

Is it still pending? Yes No ✓

If not, give the approximate date it was resolved. ? FORGOT

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):

- By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- By court for failure to exhaust administrative remedies;
- By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

plaintiff

defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

• Religion	• Access to the Courts	• Search & Seizure
• Free Speech	• False Arrest	• Malicious Prosecution
• Due Process	<input checked="" type="checkbox"/> Excessive Force	• Denial of Medical Treatment
• Equal Protection	• Failure to Protect	• Right to Counsel

Please note that it is not enough to just list the ground(s) for your action. You must include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a person or confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) OCTOBER 13TH 2014 AT 12:00 O'CLOCK, defendant (give the name and position held of each defendant involved in this incident) I WAS ON MY WAY TO SEE RABBI SIMON AT JEWISH SERVICE. ON MY WAY DOWN STAIRS, CORRECTION OFFICER BOURGEOIS ASK ME TO GET ON did the following to me (briefly state what each defendant named above did): THE WALL FOR A "PAT TRICK", I DID AS ORDERED TO DO. WHILE I WAS ON THE WALL THE OTHER OFFICERS HAD SHIFTED TO C.O. BOURGEOIS THAT THE AREA WAS "CLEAR". AT THAT MOMENT C.O. BOURGEOIS SWUNG A FULL STRAIGHT TO MY FACE, AND BROKE MY RIGHT JAW, I LOST CONSCIOUSNESS, AND REGAINED IT WHILE THE OTHER OFFICERS BEAT ON ME UNTIL A SERGEANT CAME.
The constitutional basis for this claim under 42 U.S.C. § 1983 is: EIGHT AMENDMENT.

The relief I am seeking for this claim is (briefly state the relief sought): \$2,000,000. FROM THE NEW YORK STATE, PAID MEDICAL EXPENSE, AND THE REMOVAL FROM CORRECTIONAL FACILITY I'M AT, OFFICER SUSPENDED

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? / Yes / No If yes, what was the result? STILL PENDING

Did you appeal that decision? / Yes / No If yes, what was the result? COURT DECISION IS STILL PENDING

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: /

A. SECOND CLAIM: On (date of the incident) /, defendant (give the name and position held of each defendant involved in this incident) /

did the following to me (briefly state what each defendant named above did): _____

The constitutional basis for this claim under 42 U.S.C. § 1983 is: _____

The relief I am seeking for this claim is (briefly state the relief sought): _____

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? _____ Yes _____ No If yes, what was the result? _____

Did you appeal that decision? _____ Yes _____ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

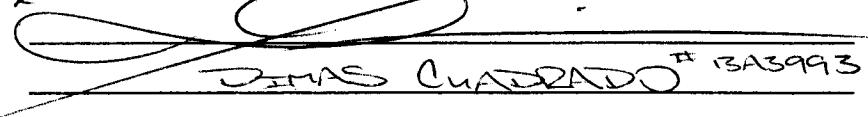
2,000,000 from THE STATE OF NEW YORK, DENTAL
EXPENSES, REMOVAL FROM CURRENT FACILITY,
OFFICES SUSPENDED.

Do you want a jury trial? Yes ✓ No _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on OCT 2014
(date)

NOTE: *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*


Signature(s) of Plaintiff(s)

COXSACKIE CORRECTIONAL FACILITY

P.O. BOX 999

COXSACKIE, NEW YORK 12051-0999

NAME: MAZZANICO, DEMAS DIN: 13AS993

CORRECTIONAL FACILITY

U.S. PRIS. AGENT

Printed From:

U.S. PRIS. AGENT

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COXSACKIE

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